



LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS OF CARE COMMITTEE MEETING MINUTES

May 5, 2011

Approved
6/2/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Fariba Younai, Co-Chair	Angélica Palmeros, Co-Chair	Gabriel Galindo	None	Jane Nachazel
David Giugni	Anthony Braswell	Miki Jackson		Glenda Pinney
Terry Goddard	Mark Davis			Craig Vincent-Jones
Louis Guitron	Jeffrey Goodman			
Bradley Land	Jenny O'Malley			
Carlos Vega-Matos	Chris Villa			
Jocelyn Woodard				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 5/5/2011
- 2) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, 4/7/2011
- 3) **Email:** Standards of Care Committee Draft Meeting Minutes, TRCF eligibility, 4/21/2011
- 4) **Standards of Care:** Residential Care and Housing Services, Combined Draft #3, 5/5/2011
- 5) **Standards of Care:** Case Management, Housing, 5/5/2011
- 6) **Policy/Procedure:** #05:8001: HIV Continuum of Care Grievance Process, 12/2/2010
- 7) **Letter:** Approval of Grievance Procedures Mandated in the Ryan White Reauthorized CARE Act of 1996 for the Department of Health Services, 4/24/1997

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 9:40 am.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (**Passed by Consensus**).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the 4/7/2011 Standards of Care Committee meeting minutes (**Passed by Consensus**).

4. **PUBLIC COMMENT, NON-AGENDIZED:**

- Dr. Galindo, University of California San Francisco (UCSF) Center for AIDS Prevention Studies (CAPS), provided a report on the overall and individual impact of budget cuts on Alameda, Fresno and Los Angeles counties. The report was developed by the UCSF Policy Center in collaboration with its AIDS Policy Research Council and community partners Project Inform and the San Francisco AIDS Foundation. Data collection was done in 2010 reflecting 2009 State budget cuts.
- Key factors identified in preserving HIV-related services were: transparency and collaboration, size, networking and information sharing, and capacity. Mr. Vincent-Jones felt a key factor for Los Angeles' comparatively smooth adjustment was that the planning council (Commission) anticipated and addressed cuts the prior year, which underlines the importance of community planning. Dr. Galindo said that was discussed and its emphasis increased from the original to the final version.
- ➲ Dr. Galindo will present on the report to the Commission the next time a Los Angeles trip coincides with the meeting.

5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

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6. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

7. CO-CHAIRS' REPORT:

- ➲ Maintain meeting date on the first Thursday of the month, but change meeting times as follows: Cost Impact and Standards Feasibility Subcommittee, 8:30-9:30 am; Standards of Care Committee, 9:30-11:30 am.

A. Committee Work Plan Review: Work on the Plan continues.

8. STANDARDS OF CARE:

A. Residential Care and Housing Services:

- Ms. Pinney noted one public comment pertaining to eligibility for Transitional Residential Care Facility (TRCF) versus Residential Care Facility for the Chronically Ill (RCFCI). Mr. Vega-Matos confirmed that, based on the relevant Karnofsky scores, TRCF should be "HIV/AIDS" and RCFCI "AIDS."
- Mr. Vincent-Jones felt an AIDS diagnosis may no longer be applicable for RCFCI as the Karnofsky score itself identifies those in need of the services. Mr. Vega-Matos replied the new criteria have helped identify appropriate clients for outreach to the extent that there is now a waiting list. He recommended maintaining criteria for now.
- Mr. Vega-Matos reported he followed-up on Title XXII policy regarding pets and found it only said to ensure staff rather than residents change litter boxes. Even so, as congregate living facilities, animals should be prohibited—unless they are certified service animals—due to client allergies or fears, staff issues and health concerns, e.g., toxoplasmosis from cats.
- ➲ Revise all status eligibility criteria for TRCF to "HIV/AIDS," note correction at Commission when presented for approval in May and emphasize the importance of the Karnofsky and GAF scores in eligibility for both TRCF and RCFCI.
- ➲ Add "GAF" throughout Standard.
- ➲ Correct page numbering duplication.
- ➲ Remove revision highlights for presentation to Commission except to reflect revisions made at this meeting.
- ➲ Mr. Vega-Matos will consult with County Counsel regarding animal regulation. SOC will consider adding language regarding animals to the Standard once more information is available.

MOTION #4 (Vega-Matos/Land): Adopt Residential Care and Housing Services and forward to Commission for approval (*Passed by Consensus*).

B. Case Management, Housing:

- Mr. Vincent-Jones clarified that the prior standard review in the Fall was to increase alignment and reduce redundancy vis-à-vis HOPWA case management services. Housing is not now funded by the Ryan White (RW) system, but could be as part of the Continuum of Care (CoC). It was hoped HOPWA would participate, but two years of work with the HOPWA system has not yielded any discernable results.
- Mr. Goddard said the Los Angeles Countywide HOPWA Advisory Committee (LACHAC) has shown interest, but the City of Los Angeles Housing Department wants housing more as a specialist than case management position. Housing is often an entry-level service for clients with, e.g., mental health issues, but many agencies lack facility in those areas. He suggested offering the standard as guidance despite the Housing Department's seeming focus on a more limited service.
- Mr. Vega-Matos felt Housing Department leadership wants to ensure case managers focused on helping people get housing. The audience, however, responded to the concept of screening and coordination with the Medical Care Coordination (MCC) case manager, rather than just access to substance abuse or medical care.
- Dr. Younai said clients with an HIV diagnosis should receive assessment in the course of medical care, but Mr. Goddard noted some have no diagnosis due to lack of medical care. Mr. Vega-Matos said the goal was not assessment, but screening, to ensure appropriate placement. HUD's model is housing first. The two systems create dissonant services.
- At least 5,000 are homeless in the County nightly. For FY 2009, at least 1,800 clients with a history of homelessness received medical services, yet RCFCI, which is under Title XXII, does not require medical care.
- Mr. Vincent-Jones felt it important to open public comment. That might spur LACHAC involvement and, in any case, housing is part of the CoC that will be discussed with other health care systems. Ms. Pinney noted Housing Department leadership has changed and the Commission is more involved with LACHAC, so participation may improve. She has an agreement with the Housing Department to distribute the standard to LACHAC members after it opens for comment.
- Mr. Vega-Matos noted LACHAC lacks operational procedures for implementing standards. He suggested a 60-day comment period to provide an opportunity to develop more synergy between the systems.

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- Ms. Pinney noted recent SOC revisions: "Psychological Assessment" changed to "Comprehensive Screening and Referral" and a new section added to it; additional source documents referenced; engagement and outreach definitions clarified; measures added for client satisfaction and acknowledgement of options provided and preferences expressed; in Housing Assessment, credit problems, moved under Finances and Behavioral issues, which was expanded to include legal issues; "Unstable Housing" added to housing assessment categories; and increased emphasis on client commitment.
- ☛ Refer inconsistent RW and HUD housing goals to Joint Public Policy Committee as a related reauthorization issue.
- ☛ Page 7, Definition and Descriptions, Comprehensive Screening and Referral, end with "identified ~~and evaluated~~."
- ☛ Page 13, Comprehensive Screening and Referral, par. 2, l. 4, "include may include."
- ☛ Remove draft track changes and highlights for presentation as this standard was not previously approved.

MOTION #5 (Younai/Vega-Matos): Approve Case Management, Housing Standards of Care with noted revisions for Commission presentation and opening of public comment until 6/30/2011 (**Passed by Consensus**).

C. **Benefits Specialty:** Mr. Vega-Matos noted training for benefit specialists will be 5/16-17/2011.

D. **Medical Care Coordination (MCC):**

1. **OAPP Recommendations Follow-up:** Mr. Vincent-Jones is completing the matrix.

E. **Health Insurance Premiums/Cost-Sharing (HIP/C-S):** This item was postponed.

F. **Early Interventions Services:** This item was postponed.

G. **FY 2011 RFP/Contracting Schedule:** This item was postponed.

H. **Miscellaneous:** Mr. Vincent-Jones reported Phil Meyer will be combining the ADAP Enrollment and the Local Pharmacy Program/Drug Reimbursement Services standards into a single Pharmacy Assistance standard of care, as previously discussed.

9. GRIEVANCE POLICY AND PROCEDURES:

A. **Pol. #05.8001: Grievance Procedures:**

- Mr. Vincent-Jones noted his partial draft and current procedures approved by the Board in 1997. Grievance Procedures are needed as part of Standards of Care publication. HRSA requires that they be approved by the CEO (Board) so, once completed, they will be opened for three months public comment and simultaneously submitted to County Counsel.
- HRSA requires that the planning council and grantee each have a grievance policy. The 1997 document addresses the grievance process for both bodies, but HRSA has since said it wants separate rather than combined policy/procedures.
- HRSA wants both non-binding mediation and binding arbitration addressed. The 1997 procedure does address those, but does not address conflict resolution, which could be used earlier in the process.
- The draft describes multiple grievance levels. OAPP is responsible for provider- and agency-level grievances while the Commission is responsible for service- and system-level grievances. This policy governs only service- and system-level grievances under Commission purview. Grievances against individual Commissioners are personnel matters.
- Any stakeholder affected by the Ryan White system is eligible to grieve whether provider, consumer or Commissioner.
- There are four principle system partners: the CEO (Board), grantee (Department of Public Health), administrative agency (OAPP) and planning council (Commission). As the Board makes final decisions, system-level grievances addressed by the Commission are limited to grievances against or by at least one of the remaining three partners.
- The Executive Committee will determine if the grievance is appropriate, within the Commission's purview; adequate, facts support justification for the grievance; actionable, there are means to resolve it if the finding is in the grievant's favor; and accurate, if the determination supports the grievance. The policy/procedure will continue the 1997 prohibition of retroactive changes to procurement or allocations in order to avoid system disruption.
- If Executive Committee conflict/dispute resolution fails due to grievant disagreement with the determination or a challenge to the adjudication, the next step is non-binding mediation with a third party mediator.
- Questions remain on what criteria constitute grounds to move to non-binding mediation and, should that fail, to binding arbitration. Low or no-cost conflict resolution and mediation bodies are available to the Commission within the County. Arbitration services constitute an expense, so should require a higher threshold.
- Mr. Land recommended valid new or additional factors to move to a higher grievance level.
- Mr. Vega-Matos recommended a higher threshold for each succeeding level of adjudication. In addition, there should be a mechanism with parameters to assess information used to determine justification for moving to the next level.
- Mr. Vincent-Jones suggested the Commission bear costs through the mediation level, but the grievant bear arbitration costs.

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- The timeframe will be based on previous experience, e.g., the Executive Committee will initiate action on a grievance at its first meeting after the grievance is filed. More than one meeting may be necessary to hear evidence.
- ➡ SOC members will e-mail comments to Mr. Vincent-Jones by end of day 5/6/2011. He will complete the draft to open three months of public comment at the 5/12/2011 Commission meeting.

10. PRIORITY- AND ALLOCATION-SETTING (P-AND-A) RECOMMENDATIONS: This item was postponed.

11. QUALITY MANAGEMENT REVIEW: This item was postponed.

12. SPECIAL POPULATION GUIDELINES: This item was postponed.

13. EVALUATION OF SERVICE EFFECTIVENESS (ESE): This item was postponed.

14. CONTINUUM OF CARE: This item was postponed.

15. AETC REPORT: There was no report.

16. NEXT STEPS: There was no additional discussion.

17. ANNOUNCEMENTS: Mr. Goddard reported Aid for AIDS received funds last month from a long-discontinued RALF grant. Mr. Vega-Matos noted funds are also owed to Home-Based Case Management providers, so hopefully those will be paid as well.

18. ADJOURNMENT: The meeting adjourned at 11:30 am.